

MENTAL STATUS EVALUATION REQUEST

(MCUC-MH-W)/ DOD directive 6490.1

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TO: COMMUNITY MENTAL HEALTH ACTIVITY, AK	FROM:	DATE:	
REQUEST EVALUATION OF:	GRADE:	SSN:	UNIT TELEPHONE NUMBER:

TYPE OF EVALUATION REQUESTED:

Chapter (administrative) Discharge IAW CH _____, AR 635-200

Alcohol or drug abuse evaluation IAW AR 600-85

Family Advocacy Program interview IAW AR 608-18

Evaluation for schools (e.g. Recruiter, Drill Sergeant, Ranger, ROTC, etc.)

Or security clearance IAW 380-67. Specify _____

Self referral (soldier's request) or referral for medical care with soldier's consent

Command Directed for the reason stated below (NOTE: Requires commander counseling of soldier IAW references on page 2). Call nearest Mental Health Activity for assistance with this referral and appointment time. _____

Describe reason or behaviors leading to request for evaluation:

Gets along with peers and socializes	YES	NO	Keeps to Self	YES	NO
Performs duties satisfactorily	YES	NO	Shirks Duties	YES	NO
Cares about appearance/equipment	YES	NO	Shows chronic misbehavior	YES	NO
Attitude towards superiors:	Should soldier be retained in military:		How does soldier use off duty time?		

AWOL/Judicial/Non-judicial punishment:

GT Score:	Duty MOS:	Brief Description:
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Other Comments (In addition, If this is a command directed evaluation; use page 2)

TYPED/PRINTED NAME OF COMMANDER	GRADE	PHONE NUMBER:	SIGNATURE
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MENTAL STATUS EVALUATION REQUEST (continued)

1. Command Directed Request for Behavioral Health Evaluation of Service member.

(Date) _____

A. In accordance with references listed below, request a behavioral health assessment and mental fitness for duty report on this soldier, assigned to (unit) _____. The following paragraphs advise the soldier of our conversation, the rights, the reason for the referral, the date, time and provider of the appointment and sources (IG, JAG) who may advise and assist their concerns. Contact _____ at Phone _____ if there are questions. Return your findings and recommendations as soon as possible.

B. References: DoD Directive 6490.1, "Mental Health Evaluations of Members of the Armed Forces," 1Oct97; DoD Instruction 6490.4, "Requirements for Mental Health Evaluations of Members of the Armed Forces," 28Aug97; DoD Directive 7050.6, "Military Whistleblower Protection," 12Aug95; Section 546, Public Law 102-484, "National Defense Authorization Act of Fiscal Year 1993;" MEDCOM Reg 40-38, "Command Directed Behavioral Health Evaluations," 2002.

2. Notification to (rank, name, ssn) _____ of referral for Behavioral Health Evaluation.

A. In accordance with the above referenced documents, I am referring you for a mental health evaluation. The behaviors that I am concerned about are: _____

I have consulted with (name) _____, of the mental health service, about your recent behaviors. He agrees that this evaluation is necessary. Or Consultation with a health care provider was not possible because: _____

B. Your appointment is with (name) _____ at (time/date) _____.

I am providing you two days to meet with the IG, JAG, a Chaplain or other counselor before this appointment. Or I believe your situation is an emergency and you present a danger. I am therefore ordering you to attend this appointment immediately for the following reason: _____

C. I am providing you a complete copy of this request and notification. You have these rights:

The right to speak with an attorney who is a member of the Armed Forces or is employed by the Department of Defense. The attorney can advise you of ways you may seek redress if you wish to question this referral.

Military attorney name, phone, hours and location: _____

The right to submit a request to investigate this referral to the local Inspector General or to the Inspector General of the Department of Defense. You should do this if you believe the referral is a reprisal for making or attempting to make a lawful communication to a Member of Congress, an appropriate authority in your chain of command, an Inspector General, a member of a Department of Defense audit, inspection or investigation team, a law enforcement organization, or is any other violation of the referenced acts, laws, directives, regulations or instructions.

Inspector General name, phone, hours and location: _____

The right to communicate without restriction with an Inspector General, an Attorney, a Member of Congress or others about your referral for a mental health evaluation. This right does not apply to unlawful communications.

Department of Defense Inspector General: 1-800-424-9098.

Chaplain and other resources: _____

The right, except in emergencies, to have at least two business days before the scheduled mental health evaluation. During this period you may meet with an Attorney, Chaplain, Inspector General or other appropriate counselor. If your situation constitutes an emergency or your condition appears potentially harmful to your well being or to others, and it is judged not in your best interest to delay your mental health evaluation for two business days, the commander will state the reasons in writing for the emergency referral as a part of this request for mental health evaluation.

The right, if circumstances related to military duties make compliance with usual procedures impractical (examples: aboard a naval vessel, deployed or serving in a geographically isolated area away from garrison services), to receive a copy of a memorandum from your commander stating why compliance with the usual procedures cannot occur.

The right to know the name of the mental health counselor and the date and time of your appointment. The right to obtain a second opinion and be evaluated by a mental health provider of your own choosing at your expense, if available. Such an evaluation shall not delay nor substitute for an evaluation performed by the Department of Defense mental health provider. Such an evaluation must be conducted within a reasonable period of time, usually within two weeks.

3. Authentication:

Commander's Signature:

Commander's typed name, rank and branch

4. I have read the memorandum above and have been provided a copy.

Service member's signature

Date:

Witness signature

Printed name and Rank

Date

Distribution: Original for Soldier, 1 copy for Behavioral Health, 1 copy for Commander.